

Georgia State Board of Funeral Service

237 Coliseum Dr., Macon, GA 31217

404-424-9966

www.sos.ga.gov/plb/funeral

APPLICATION FOR EMBALMER AND FUNERAL DIRECTOR LICENSE *(For Initial Licensure and for Reinstatement of License)*

Information and Instructions for Completing these Forms

- Embalmer and Funeral Director licenses expire on March 31 of even years.
- Licenses are valid for two (2) years.
- Your initial licensing period may be less than two (2) years depending on when the license is granted by the Board (if application is approved).
- Application fees are non-refundable.
- The Certificate of Embalming Education is for initial licensure only and is to be mailed to the school where applicant's education was received. The school will mail the completed certificate to the applicant in a sealed envelope. The sealed envelope must be submitted to the Board by the applicant along with this application.
- The Georgia Laws & Rules Examination is required for initial licensure applicants who have not previously taken the exam and possibly required for reinstatement applicants (see next bullet statement).
- Proof of a passing score for the Georgia Laws & Rules Examination is required for Reinstatement of License(s) if it has been more than two (2) years since the license has expired.

Optional: For active licensees, decorative wall certificates are available for purchase. To order, print the Order Form from the Board's website and submit to the Board Office. The certificate cost is located on the Fee Schedule on the Board's website.

Certain pages of the application must be signed and notarized as indicated.

Applicants for Initial Licensure do not need to submit the page entitled "Applicants for Reinstatement."

Applicants for Reinstatement are not required to submit the "Certificate of Embalming Education."

Applicants for Reinstatement ARE REQUIRED to submit a copy of their Certificate(s) of Continuing Education completed within the previous two (2) years of the date of this application in order to be considered for reinstatement by the Georgia State Board of Funeral Service.

If any question on the Professional Background page is answered "Yes," certified documentation must be included with this application. Failure to provide the certified documentation will result in application processing delays and may result in denial of the application by the Georgia State Board of Funeral Service.

**GEORGIA STATE BOARD OF FUNERAL SERVICE
FEE SCHEDULE**

FUNERAL ESTABLISHMENT		CREMATORY ESTABLISHMENT	
Initial Application Fee	\$150.00	Initial Application Fee	\$150.00
Renewal Fee – on or by March 31 of renewal year	\$140.00	Renewal Fee – on or by March 31 of renewal year	\$140.00
Late Renewal Fee – April 1 - April 30 of renewal year	\$390.00	Late Renewal Fee – April 1 - April 30 of renewal year	\$390.00
Licenses not renewed by July 1 of renewal year will be lapsed - requires reinstatement, at Board's discretion		Licenses not renewed by July 1 of renewal year will be lapsed - requires reinstatement, at Board's discretion	
Change of Establishment Name	\$150.00	Change of Establishment Name	\$150.00
Change of Establishment Location/Address	\$150.00	Change of Establishment Location/Address	\$150.00
Change of Funeral Director In Full And Continuous Charge	\$50.00	Change of Funeral Director In Full And Continuous Charge	\$50.00
Change of Ownership	No Fee	Change of Ownership	No Fee
Re-Inspection, If Initial Inspection Is Failed	\$100.00	Re-Inspection, If Initial Inspection Is Failed	\$100.00
FUNERAL DIRECTOR		EMBALMER	
Initial Application Fee	\$50.00	Initial Application Fee	\$ 50.00
Initial Application Fee for License by Endorsement or Reciprocity - must hold a current/valid Georgia Embalmer License	\$175.00	Initial Application Fee for License By Endorsement or Reciprocity	\$175.00
Renewal – on or by March 31 of renewal year	\$100.00	Renewal - on or by March 31 of renewal year	\$100.00
Late Renewal — April 1 - April 30 of renewal year	\$200.00	Late Renewal — April 1 - April 30 of renewal year	\$200.00
Reinstatement —At Board's Discretion, After April 30 of renewal year	\$300.00	Reinstatement —At Board's Discretion, After April 30 of renewal year	\$300.00
EMBALMER + FUNERAL DIRECTOR		APPRENTICESHIP	
Initial Application Fee for BOTH License types by Endorsement or Reciprocity — does not include GA Law & Rules Exam Fee	\$350.00	Initial Registration Fee	\$40.00
		Renewal – on or by March 31 of renewal year	\$70.00
INACTIVE STATUS / REACTIVATION		Late Renewal –April 1 - April 30 of renewal year	\$140.00
Inactive Status Application Fee, per license type	\$ 35.00	Reinstatement required after May 1 of renewal year	\$180.00
Reactivation Fee, per license type	\$100.00	Change of Apprenticeship Location	\$ 20.00
EDUCATION PROVIDERS		Change of Supervising Embalmer and/or Funeral Director	\$ 20.00
Application for Approved Continuing Education Provider (submit at least 1 completed CE course for board review)	\$250.00	Verification of Apprenticeship Hours	\$ 25.00
EXAMINATION INFO		OTHER FEES	
Georgia Laws & Rules Exam is given by PSI; 800-733-9267; www.psiexams.com National Exam – contact The Conference at 479-442-7076; www.theconferenceonline.org		License Verification Letter (order online)	\$ 35.00
		Duplicate License (blue card)/Wall Certificate (may order thru website)	\$ 25.00
		Decorative Wall Certificate, per license type	\$ 50.00

NOTE: Checks or money orders are payable to GEORGIA STATE BOARD OF FUNERAL SERVICE. Fees may be changed at the discretion of the Board without prior notice. Application Fees are non-refundable. Other refund requests must be in writing. Returned checks will incur fees in accordance with Code Section 16-9-20 of the Criminal Code of Georgia.

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr., Macon, GA 31217

404-424-9966

www.sos.ga.gov/plb/funeral

APPLICATION FOR
EMBALMER AND FUNERAL DIRECTOR LICENSE
(for initial licensure or for reinstatement of licensure)

Date Entered _____

Receipt # _____

Submitted \$ _____

Date Issued _____

I am applying for (select appropriate license type):

- ☐ Initial Embalmer & Funeral Director Licenses - \$100 fee*
- ☐ Initial Embalmer License Only - \$50 fee*
- ☐ Initial Funeral Director License Only - \$50*
(must have current active Embalmer License - # _____)

- ☐ Reinstatement of Embalmer & Funeral Director Licenses - \$600
Embalmer License # _____
Funeral Director License # _____

- ☐ Reinstatement of Embalmer License Only - # _____ - \$300

- ☐ Reinstatement of Funeral Director License Only - # _____ - \$300
(Must have current active Embalmer License # _____)

***Fees are non-refundable**

☐ **Please check this box if you are a military spouse or a transitioning service member of the United States armed forces, including the National Guard.**

**Applicant Name to appear
on License:**

LAST

FIRST

MIDDLE

Social Security #¹: - - **Date of Birth:** - - ¹ This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.**Gender:** ☐ Male ☐ Female**Residential Address:**

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

Mailing²**Address:**

(P.O. BOX ACCEPTABLE)

² O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

CITY

STATE

ZIP

Daytime Phone # - - **Evening Phone #** - - **E-mail Address³:** _____ **FAX** _____³ Required for communication with Board staff. Your email will not be shared with third parties.

GEORGIA STATE BOARD OF FUNERAL SERVICE
EMBALMER AND FUNERAL DIRECTOR LICENSE APPLICATION

REINSTATEMENT APPLICANT INFORMATION

If you are applying for reinstatement, you must complete this form and submit the requested documentation.

What is the Expiration Date of your Embalmer License? _____

What is the Expiration Date of your Funeral Director License? _____

Why did you not renew your license? _____

Have you practiced as a Funeral Director or Embalmer since the expiration date of your license? ☐ YES ☐ NO **If yes, where?** _____

NOTE: Per Board Rule 250-5-.10(a):

- You must attach a copy of your **CONTINUING EDUCATION CERTIFICATE**.
- Proof of a passing score for the **Georgia Laws & Rules Examination** is required for Reinstatement of license(s) if it has been more than two (2) years since the license has expired.

Georgia State Board of Funeral Service
EMBALMER AND FUNERAL DIRECTOR LICENSE APPLICATION
Background Questionnaire

The following questions must be answered by the applicant. If "yes" is answered to any question, documentation/explanation must be provided, including certified documentation showing court dispositions, board disciplinary action reports, etc., as well as a personal, detailed letter of explanation regarding each incident.

Have you ever been arrested? <i>Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.</i>	Yes	No
Do you now hold, or have you in the past held, a funeral director or embalmer license in any state? If "Yes," submit an original notarized letter from the state of licensure.	Yes	No
Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, or otherwise sanctioned?	Yes	No
Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?	Yes	No
Have you knowingly failed to renew a license during an investigation or disciplinary action?	Yes	No
Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?	Yes	No
To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?	Yes	No
Are you <u>unable</u> to practice with reasonable skill and safety due to use of alcohol, drugs, narcotics, chemicals or any other types of material?	Yes	No
Are you <u>unable</u> to practice with reasonable skill and safety due to illness, or as a result of any mental or physical condition? If yes, attach a notarized physician's statement.	Yes	No
Have you had any suit filed against you related to the practice of a profession?	Yes	No

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (O.C.G.A. § 43-1-19 and O.C.G.A. § 16-10-71.)

State of Georgia, County of _____

Applicant Signature: _____

Subscribed and Sworn to before me this

____ day of _____, _____.

Applicant Name printed: _____

Notary Public

Date: _____

My Commission Expires: _____

NOTARY SEAL

GEORGIA STATE BOARD OF FUNERAL SERVICE
EMBALMER AND FUNERAL DIRECTOR LICENSE APPLICATION

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Funeral Service, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark either 1 or 2 below as it applies to your status):

- 1) _____ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved document.
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

State of Georgia, County of _____

Subscribed and sworn to before me this
_____ day of _____, _____

Notary Public
My Commission expires: _____

Print name of Applicant

Signature of Applicant

NOTARY SEAL (legible ink seal required; If using embossed seal, apply shading to make seal legible when digitized.)

Georgia State Board of Funeral Service

237 Coliseum Dr., Macon, GA 31217

404-424-9966

www.sos.ga.gov/plb/funeral

Certificate of Embalming Education

(This form is to be completed by the school and mailed to the applicant in a sealed envelope.)

Educational Institution: _____

Name of Mortuary School / College

Address: Street, City, State, Zip _____

Applicant's Name: _____

Date(s) of Attendance:

Beginning Date: _____
Month / Day / Year

Ending Date: _____
Month / Day / Year

Diploma Received Date: _____
Month / Day / Year

I hereby certify that the information concerning the applicant for funeral director &/or embalmer license with the Georgia State Board of Funeral Service referenced in this Certificate of Embalming Education is true and accurate.

President, Dean, or Registrar

Date

Subscribed and sworn to before me
this ____ day of _____, _____

Notary Public
My Commission Expires _____

NOTARY SEAL

Forward the completed Certificate of Embalming Education directly to the applicant in a sealed envelope.

**Georgia Bureau of Investigation
Georgia Crime Information Center**

CONSENT FORM

I hereby authorize **The Georgia State Board of Funeral Service** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address, City, State, County, Zip

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

☐ Employment with mentally disabled (Purpose code "M")

☐ Employment with elder care (Purpose code "N")

☐ Employment with children (Purpose code "W")

Select one of the following (required):

☐ This authorization is valid for __90 days / __180 days / ____ days from date of signature.

☐ I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.